Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-0032 Substitute for Form PTO-875 Application or Dackel Number CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN FOR OR NUMBER FILED BASIC FEE SMALL ENTITY NUMBER EXTRA (37 CFR 1.16(a)) RATE FEE TOTAL CLAIMS RATE (37 CFR 1.16(c)) FEE minus 20 = INDEPENDENT CLAIMS **OR** (37 CFR 1.16(b)) ninus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter \*0\* in column 2 OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING SMALL ENTITY NUMBER AFTER PRESENT **PREVIOUSLY** RATE **AMENDMENT** EXTRA ADDI. Total PAID FOR RATE TIONAL (37 CFR 1.16(c)) ADDI-Minus FEE TIONAL Independent (37 CFR 1.16(b)) x : 25 = FEE Minus x s 50°= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$/00 = x s\_200= OR +3/80= +:360= OR TOTAL ADD'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER PREVIOUSLY RATE **AMENDMENT EXTRA** ADDI-To(al (37 CFR 1.16(c)) AMENDM PAID FOR RATE TIONAL ADDI-Minus FEE TIONAL Independent DI CFR 1.16(b)) FEE x s <u>Z5</u> = Minus OR x :<u>50</u> = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$ 100= x : 200= OR + \$ 180= +340= OR TOTAL ADD'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER AFTER PRESENT PREVIOUSLY RATE AMENDMENT **EXTRA** ADDI-Total PAID FOR RATE TIONAL (37 CFR 1.16(c)) ADDI-Minus FEE TIONAL FEE (37 CFR 1.16(b)) x \$ 25. = Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$ 100= x \$ 200-OR 360

\* If the entry in column 1 is less than the entry in column 2; write \*0\* in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20". ADD'L FEE \*\*\* If the \*Highest Number Previously Paid For IN THIS SPACE is less than 3, enter \*3". OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

OR

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.